PAGE 01

JUL 1 5:2005

| I hadde the Deposition Floring and 4000 and 4000 | U.S. | PTO/SB/21 (09-04 Approved for use through 07/31/2006. OMB 0651-003 Patent and Trademark Office; U.S. DEPARTMENT OP COMMERCE | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|--|
| MARTILLA DE CREMENTALIS ESTADOS ACTUALISMOS AND ORGANI | Application Number | lection of information upless if disiblays a band OMB control number | | | | | | | | | |
| TRANSMITTAL | Filing Date | May 25, 2001 | | | | | | | | | |
| FORM | First Named Inventor | Thuy Diem Pham, PhD, | | | | | | | | | |
| , J. | Art Unit | 1637 | | | | | | | | | |
| (to be used for all correspondence after initial (filing) | Examiner Name | Young J. Kim | | | | | | | | | |
| Total Number of Pages in This Submission 20 | Attorney Dacket Number | TPB-001D1 | | | | | | | | | |
| уманчиным от и део иг ино орилповил | 110-00101 | | | | | | | | | | |
| ENCLOSURES (Check all that apply) | | | | | | | | | | | |
| | Drawing(s) | After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences | | | | | | | | | |
| After Final Affidavlts/declaration(s) Extension of Time Request Express Abandonment Request | Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CI rks | Appeal Communication to TC (Appeal Notice, Brief, Repty Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Credit Card Payment Form Attachment to Amendment | | | | | | | | | |
| | OF APPLICANT, ATTO | RNEY, OR AGENT | | | | | | | | | |
| Firm Name The H.T. Than Law Group | | | | | | | | | | | |
| Signature | | | | | | | | | | | |
| Printed name H.T. Than | | | | | | | | | | | |
| Date July 15, 2005 | | Reg. No. 38,632 | | | | | | | | | |
| | | | | | | | | | | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | | | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, F.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | | | | | | | | | |
| Signature | 5 |) | | | | | | | | | |
| Typed or printed name Meron Shewangezaw (faxo | ed to 571-273-8300) | Date July 15, 2005 | | | | | | | | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need escistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED HT THAN CENTRAL FAX CENTER

PAGE 02

JUL 1 5 2005

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0851-0032

| (Addiniey/Agent) | Under the Paner | ork Reduction Act of 15 | 95 no persons are red | naired to res | U.S. Paten nond to a collectio | t and Trader o of informa | nark Office; l tion unlass it | J.S. DEPA (listria <u>va e</u> | ARTMENT OF COMMERCE | | | |
|---|--|-------------------------|-----------------------|-------------------|-----------------------------------|------------------------------|----------------------------------|-----------------------------------|---------------------------------------|--|--|--|
| FEE TRANSMITTAL FOF FY 2005 Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Young J. Klim Art Unk 1837 Art Un | Effective on 12/08/2004. | | | Complete if Known | | | | | | | | |
| FOR FY 2005 First Named Inventor Thuy Diem Pham, PhD | FEE TRANSMITTAL | | | 1 | Application Number 09/866 | | 9/866,261 | ,261 | | | | |
| Examiner Name | | | | ₹L [| Filing Date May | | lay 25, 200 | 25, 2001 | | | | |
| Art Unit 1637 | | | | | First Named Inv | rentor Ti | Thuy Diem Pham, PhD | | PhD | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 60.00 Attomey Docket No. TPB-00101 METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 50-1980 □ Deposit Account Name: H.T. Than For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fac(s) indicated below □ Charge fac(s) indicated below, except for the filling fee □ Charge any additional fac(s) or underpayments of fee(s) □ Credit any overpayments WARNING and 1.77 1.6 and 1.77 NAME of the filling fee □ Charge fac(s) indicated below, except for the filling fee □ Charge any additional fac(s) or underpayments of fee(s) □ Credit any overpayments WARNING and 1.77 1.6 and 1.77 NAME of the filling fee □ Charge fac(s) indicated below, except for infinit | Applicant claims small cathy status Pag 27 CED 4 27 | | | | Examiner Name | y. | Young J. Kim | | | | | |
| METHOD OF PAYMENT (check ell that apply) Check | | | | | Art Unit | 10 | 1637 | | | | | |
| Check PCredit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 50-1980 Deposit Account Name; H.T. Thigh For the above-identified deposit account, the Director is hereby authorized to: (check ell that apply) Charge fee(s) indicated below | TOTAL AMOUNT OF PAYMENT (\$) 60.00 Attorney Docket No. TPE | | | | | | | | | | | |
| Poposit Account Deposit Account Number: 50-1980 Deposit Account Name: H.T. Thin | METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | |
| For the above-Identified deposit account, the Director is hereby suthorized to: (check all that appty) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee FEE CALCULATION 1. BASIC FILING FEES FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FEEL Small Entity Fee (s) Fee (s) Fee Feel (s) Fee (s) Fee Feel (s) Fee (s) Fee Paid (s) Fee (s) Fee Paid (s) Fee (s) Fee Feel (s) Fee (s) Fee Paid (s) Total Claims Total Claims Fee (s) Fee Paid (s) Fee Paid (s) Fee Paid (s) Fee Paid (s) Fee Paid (s) Total Sheets Extra Sheets Conductor of independent claims paid for, if greater than 20. Fee Paid (s) F | Check Credit Card Money Order None Other (please identify): | | | | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below. Charge fee(s) or underpayments of fee(s) Charge gay additional fee(s) or underpayments of fee(s) Charge gay additional fee(s) or underpayments of fee(s) Charge fee(s) feet 1.16 and 1.17 Charge gay additional fee(s) or underpayments of fee(s) Charge fee(s) or underpayments Charge gay additional fee(s) or underpayments of fee(s) Charge fee(s) feet 1.16 and 1.17 Charge fee(s) or underpayments FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FROM Intitly Fee (s) Fee Paid (s) F | Deposit A | | | | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) WARNING: information on the form may become public. Credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Application Type Fee (3) Fee (4) Fee (3) Fee (4) Fee (5) Fee (4) Fee (4) Fee (5) Fee (4) Fee (5) Fee (5) Fee (6) Fee | For the a | | | | | | | | | | | |
| WARVING: Information and information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information abouted not be included on this form. Provide credit card information and authorization on PTD-2038. FEE CALCULATION FEES SEARCH FEES Small Entity Fee (5) Fee (6) | | | | | | | | | | | | |
| Telephone number of independent claims Fee (3) Fee (4) Fee (5) Fee (4) Fee (4) Fee (4) Fee (5) Fee (4) Fee (5) Fee (6) Fee | | | | It card into | _ | | • | onn. Prov | vide credit card | | | |
| BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES Small Entity Fee (\$) | Information and au | thorization on PTO-20 | | | | | | | | | | |
| Filing FEES Small Entity Fee (\$) Fee (| | | | | | | | | | | | |
| Name | 1. BASIC FILI | | | | DU EEEO | CVALII | NATION E | ero. | | | | |
| Utility 300 150 500 250 200 100 100 | | | Small Entity | | | | Small En | | | | | |
| Design 200 100 100 50 130 65 | | | | | | | |) | Fees Paid (\$) | | | |
| Plant 200 100 300 150 160 80 | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | _ | | | | | | •- | | | | | |
| Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 1 | | | | | | | | . —— | | | |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Total Claims -20 or HP = x | 1 | | | | | | | | | | | |
| Fee Description Fee (\$) Fee (\$) | | | 100 | 0 | 0 | 0 | 0 | _ | | | | |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claima Extra Claima Fee (\$) Fee Paid (\$) HP = highest number of botal claims paid for, if greater than 20. Indep. Claims -3 or HP = x | | | | | | | Fee | | | | | |
| Multiple dependent claims Total Claima Extra Claima Fee (\$) Fee Paid (\$) HP = highest number of botal claims paid for, if greater than 20. Indep. Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Fee Paid (\$) Number of each additional 30 or fraction thereof. Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Number of each additional 30 or fraction thereof. Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Number of each additional 30 or fraction thereof. Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Fee Paid (\$) Telephone 202-363-2620 | Each claim | over 20 (including | | | | | • | - | 25 | | | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) HP = highest number of total ctains paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = HP = highest number of independent ctains paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): Pelition for 1 month Extension of Time \$60.00 Registration No. (Automey/Agent) Registration No. (Automey/Agen | Each independent claim over 3 (including Reissues) | | | | | | | | | | | |
| HP = highest number of total claims paid for, it greater than 20. Indep. Claims | | | | | | | | _ | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | - 2 | 20 or HP = | x | _ = | | | | | | | | |
| HP = highest number of independent claims pold for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for 1 month Extension of Time \$80.00 | | | | | Daid /81 | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets | - 3 | or HP = | x | | raid (a) | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = | HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): Petition for 1 month Extension of Time \$60.00 | | | | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for 1 month Extension of Time \$60.00 \$UBMITTED BY Registration No. (Attorney/Agent) 38,632 Telephone 202-363-2620 | | | | | | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for 1 month Extension of Time \$60.00 SUBMITTED BY Registration No. (Attorney/Agent) 38,632 Telephone 202-363-2620 | sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for 1 month Extension of Time \$60.00 SUBMITTED BY Registration No. (Altomey/Agent) 38,632 Telephone 202-363-2620 | | | | | | | | | | | | |
| Signature Registration No. 38,832 Telephone 202-363-2620 | | | | | | | | | | | | |
| Signature Registration No. 38,832 Telephone 202-383-2820 | Other (e.g., late filing surcharge): Petition for 1 month Extension of Time \$60.00 | | | | | | | | | | | |
| Registration No. 38,832 Telephone 202-383-2820 | | | | | | | | | | | | |
| | Signature | 1 | 0. | R | legistration No. | 8 632 | Te | dephone | 202-363-2620 | | | |
| | | | | | | | Date July 17, 2005 | | | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 inhulate to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.